



OUR PUBLIC HEALTH

ISSUE TWO

SERVING THE PUBLIC SINCE 1885

SPRING 2002

A Message from the Public Health Director

Bioterrorism – In Perspective

Over the past few months, our country has been mesmerized with the prospect of a large scale disease outbreak as a result of bioterrorism. Throughout the country, local and State government has responded to hundreds, (perhaps thousands) of calls related to suspected bioterrorism threats, involving a huge investment in resources and staff time. While anthrax has been our primary concern, other biological agents could be used for bioterrorism, such as smallpox. Our concern over bioterrorism is warranted, however, we should use this period as an opportunity to examine our readiness to respond to any disease outbreak.

Throughout history, mankind has faced countless threats from microorganisms, many of them far more serious than the threat posed by bioterrorism over the past few months. Not surprisingly, the core competencies needed for routine public health work are the same needed to respond to a bioterrorism-related event. Public health was instituted in the late 1800's throughout the United States so that society could respond to public health threats of a biological nature. Through the years, many communicable diseases that were once commonplace have been conquered and eliminated. In comparison to the bioterrorism related anthrax outbreak that occurred over the past few months, please consider the following:

In the period 1938 – 1968, 153 cases of anthrax, associated with the Arms Textile Mill, occurred in Manchester. Five of these cases were inhalation anthrax. One hundred forty six cases were cutaneous anthrax. In 1942, there were over 100 reported cases of anthrax in the US. For the past 20 years the number of anthrax

cases in the US has averaged less than 5 per year.

Bacterial (meningococcal) meningitis inflicts about 2,500 persons in the United States each year, resulting in about 200 deaths.

Each flu season results in over 20,000 deaths and over 100,000 hospitalizations. In 1918-1919, a worldwide flu epidemic resulted in over 21 million deaths worldwide.

Food borne illnesses cause 76 million illnesses per year, resulting in 325,000 hospitalizations and 5200 deaths. Of these, known food-borne pathogens account for an estimated 14 million illnesses, 60,000 hospitalizations and 1,800 deaths. 1,000 people die from salmonellosis alone each year.

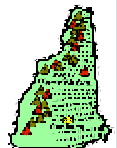
These are but a few of the many public health threats that local health departments, local health care providers, and the State Bureau of Communicable Disease Control address each and every day. While continued bioterrorism vigilance is necessary for anthrax and other terrorism agents, widespread panic is not. Working in conjunction with the Manchester Police and Fire Departments, the established Manchester Public Health system provides a framework for our community to address bioterrorism threats. In the process of addressing bioterrorism, we must also continue our vigilance over newly emerging health concerns as well as other more common public health threats. We also need to be mindful not to turn back the time on gains achieved through public health measures by redirecting existing resources to address bioterrorism

Frederick A Ruscsek, M.P.H.
Public Health Director



"Our Public Health" Television Series on Manchester Community Television

- April:
"National Infant Immunization Week"
- May:
"Melanoma/Skin Cancer Detection and Prevention" and
"Hepatitis C Awareness"
- June:
"West Nile Virus" and
"Summer Safety"
- July:
"Lead Poisoning Prevention"
- August:
"Asthma and Tobacco Prevention"
- September:
"Food Safety"
- October:
"Breast Cancer Awareness"
- November:
"Flu Shots/Pneumococcal Vaccine Campaign"
- December:
"Diabetes"



Inside this Issue

Public Health Director Message	1
Television Series: "Our Public Health"	1
Manchester Immunization Group for Healthy Tots and Youth	2
Fatal Pediatric Lead Poisoning in Manchester, New Hampshire	2
Adults Need Shots, Too!	3
Neighborhood Public Health Van	3
New Employees—Retirements	3
Physical Activity & Eating Healthy	3
Hepatitis C	4
National Infant Immunization Week	4
City of Manchester receives Federal Recognition	5
Employee Spotlight	5
Anthrax and Safe Mail Handling	6

The Manchester Immunization Group for Healthy Tots and Youth

...a community coalition working to improve childhood immunization levels

The Manchester Immunization Group for Healthy Tots and Youth (MIGHTY) is a community coalition comprised of a broad representation of community stakeholders and coordinated by the Manchester Health Department. The mission of MIGHTY is as follows:

"The Manchester Immunization Group for Healthy Tots and Youth is composed of representatives from the community, public and private health care, service agencies and businesses. The coalition has been established to increase the immunization levels of children and youth 18 years of age and under."

The history of MIGHTY began during 1993-94, when a retrospective survey of school immunization levels indicated only 48% of Manchester's children were adequately immunized at 24 months of

age. These data were the impetus for a funding request to enhance immunization activities and ultimately improve immunization levels. In 1996, a Manchester Community Health Nurse was hired to coordinate immunization activities. The Manchester Immunization Group for Healthy Tots and Youth was brought together shortly thereafter.

MIGHTY members have collaborated on a number of strategies to promote an awareness of immunizations. Activities have included planning for National Infant Immunization Week, expanding immunization clinics, the production of public service announcements, participation in health promotion events and implementing educational programs for a variety of groups. Members have participated in Our Public Health shows, which are produced by the Manchester

Health Department and aired on Manchester Community Television. In 1998, "MIGHTY Moose" was adopted as the official mascot of the coalition. "MIGHTY Moose" provides entertainment for children, while promoting immunization messages. "MIGHTY Moose" is present at community events, parades and educational sessions. A board game was developed to educate youngsters on the importance of immunizations. "MIGHTY Moose Goes to Vaccine-Land" is utilized for elementary and middle school children.

Currently, MIGHTY is completing the development of Healthy Manchester 2010 objectives and a comprehensive community action plan to improve immunization levels. For further information or to become a member of MIGHTY, please contact:

*Susan Gagnon, RN, MEd
Public Health Specialist*

Fatal Pediatric Lead Poisoning in Manchester, New Hampshire

Fatal pediatric lead poisoning is rare in the United States because of multiple public health measures that have reduced blood lead levels in the population. However, the risk for elevated blood lead levels among children remains high in some neighborhoods and populations, including children living in older housing with deteriorated leaded paint.

Unfortunately, a two-year-old Sudanese refugee girl residing in Manchester, New Hampshire was the first reported death of a child from lead poisoning since 1990. The investigation that was conducted by the Manchester Health Department, New Hampshire Department of Health and Human Services, Centers for Disease Control and Prevention, and the Egyptian Ministry of Health implicated leaded paint and dust in the child's home environment as the most likely source of the lead poisoning.

This tragic case was the first in the nation in which a rental property manager has been criminally prosecuted by the United States Environmental

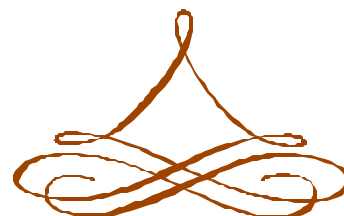
Protection Agency (USEPA) for failing to provide the required lead hazard warnings to the tenants of his rental property. The Manchester, NH property manager and his company pleaded guilty to obstructing justice, making false statements, and failing to provide tenants with notice of lead paint hazards as required by federal law.

The federal Lead Hazard Reduction Act and associated rules require landlords and their property managers to tell tenants, before they sign a lease, about actual or potential hazards of lead-based paint. The law requires landlords and property managers to give tenants an USEPA pamphlet about lead hazards; to discuss how to minimize the dangers of lead paint to children; and it directs landlords and property managers to document their compliance with the law by keeping on file tenant signatures acknowledging their receipt of the disclosures.

Lead poisoning can be prevented by correcting lead hazards, especially in older housing, and by screening children at risk according to established guidelines.

Lead screenings are provided free of charge at the Manchester Health Department between the hours of 8:00am – 5:00pm. All one and two-year-old children residing in Manchester, NH should be screened. In addition, all children aged 36-72 months of age who have not been previously screened, should receive a lead screening. For more information regarding educational information and screening guidelines pertaining to lead poisoning and children, please contact Nancy Banister, BSN, nurse case manager, at the Manchester Health Department at 624-6466.

*Rosemary M. Caron, PhD, MPH
Environmental Toxicologist*



The Neighborhood Public Health Van is on the Road!

Now that spring is here the Neighborhood Public Health Van is back on the road!



The Manchester Health Department Neighborhood Public Health Van is offering the following free services for your convenience:

- ♦ **Childhood immunizations (parent/legal guardian must be present with immunization record)**
- ♦ **HIV Testing (Results available for HIV testing done at the Manchester Health Department)**
- ♦ **Blood pressure screening**
- ♦ **TB (Tuberculosis) screening**
- ♦ **Hepatitis B screening & vaccine**
- ♦ **Information about Sexually Transmitted Diseases**
- ♦ **Height & Weight checks**
- ♦ **Childhood lead screening**
- ♦ **Other health information**

Please call 624-6466 for van schedule and locations.

*Patricia Turcotte, B.S.N.
Public Health Specialist*



Manchester Health Department Welcomes New Employees!



Community Health Division:

Phyllis Simone, RN, MS, MPH
Community Health Supervisor

Stephanie Freyler, RN, BSN
Community Health Nurse

Ray Caron, Custodian

School Nurse Division:

Karen Carriero, LPN

Donna Fritz, RN
School Nurse

Patricia Serafin, RN, BSN
School Nurse

Adults Need Shots, Too!

Adults 18 years of age and older should maintain an updated Immunization Record. In addition to influenza and pneumococcal vaccine, every adult should discuss other immunizations with their health care providers. These may include tetanus/diphtheria, measles, mumps, rubella, hepatitis B and varicella vaccine.



Remember: immunization is our best defense against vaccine preventable diseases!



Immunizations are provided at the Manchester Health

Department, which is located at 795 Elm Street. Clinics are held during the following times:
Monday 1:30 to 3:30 P.M.,
Tuesday & Wednesday
9:00 - 11:30 A.M.

*Susan Gagnon, RN, MEd,
Public Health Specialist*



Physical Activity and Healthy Eating: a Public Health Challenge for the 21st Century

The integration of physical activity and healthy eating into our daily lives is included within the top ten public health challenges identified by the Centers for Disease Control and Prevention. Over the past several decades, the prevalence of obesity in the United States has reached epidemic proportions. In Manchester, during the 1999-2000 school year, 13.9% of first grade students were determined to be overweight per 95% of body mass index.

One of the major health issues associated with obesity is heart disease, which is the leading cause of death in New Hampshire. From 1993-1997 in Manchester, the heart disease mortality rate for residents 25 years of age and older was 5.7 per 1,000 population. Lifestyle changes may reduce the risk factors. Factors which increase the risk of heart disease, which can be modified, include:

- High blood pressure
- Cigarette smoking
- High blood cholesterol
- Obesity
- Physical inactivity
- Diabetes

*Susan Gagnon, RN, MEd
Public Health Specialist*

RETIREES

In December, Marie Dubois retired from the Manchester Health Department after 23 years of service as a Community Health Nurse.



In March, Marilyn Deshaies retired from the Manchester Health Department following 8 years of service as the Accountant.

We wish both Marie and Marilyn much health and happiness during their retirement years!



HEPATITIS C

A Growing Public Health Crisis

Hepatitis C virus infection is now the most common chronic bloodborne infection in the United States. It is estimated that an estimated 3.9 million Americans have already been infected with Hepatitis C. Many of these individuals may be unaware of their infection because they have no symptoms. Unlike other types of Hepatitis, many individuals who become infected go on to develop chronic or long-term infection. It is estimated that approximately 85% of Hepatitis C infections result in chronic infection which makes these individuals at risk for chronic liver disease or other related Hepatitis C chronic diseases during the first two or more decades following their initial infection. These individuals also represent a potential source of transmission of Hepatitis C to others through injecting drug use and unsafe sexual practices.

Chronic liver disease such as cirrhosis, and liver cancer represent the tenth leading cause of death among adults in the United States, about 25,000 deaths annually. It is estimated that

approximately 40% of chronic liver disease is Hepatitis C related, resulting in an estimated 8,000-10,000 deaths each year.

The financial costs associated with Hepatitis C related liver disease acute or chronic is estimated to be greater than \$600 million annually. Hepatitis C associated liver disease is the most frequent indication for liver transplants among adults. Considering that most currently Hepatitis C persons are aged 30-49 years, the number of liver transplants and deaths due to Hepatitis C related liver disease could increase dramatically over the next 10-20 years.

Hepatitis C is transmitted primarily through blood to blood contact during injecting drug use and needle sharing activity. While the actual risk is lower, transmission of Hepatitis C can occur through unprotected high risk sexual activity. Since 1991, when Hepatitis C screening of the blood supply became universal, transmission via blood transfusion is very unlikely. At this time, no vaccine is available which provides individuals with protection

against Hepatitis C.

Like the rest of the country, New Hampshire and Manchester have not escaped the dramatic increase in Hepatitis C disease. Significant numbers of individuals at high-risk for Hepatitis C infection have tested positive. For the reasons already discussed, these numbers represent a potential health care crisis in the decades to come. Without new treatments, many of these individuals may develop chronic liver disease in the future. For now, our best approach is to prevent new infections from occurring. Individuals at risk for Hepatitis C (i.e., anyone with a history of injecting drug use, anyone who has been a needle sharing or sex partner of someone with Hepatitis C and those who received blood transfusions or blood products prior to 1991) should be screened for Hepatitis C infection. Individuals who are now using recreational drugs should seek treatment in an attempt to stop using drugs or at the very least never share needles or other drug paraphernalia with others. Avoid having multiple sexual partners, but those with multiple sex partners should always practice safer sex (consistent condom use) when engaging in sexual activity.

*Richard DiPentima, RN, MPH
Deputy Public Health Director*

The Manchester Health Department celebrated.....

National Infant Immunization Week April 14—20, 2002

Each year, National Infant Immunization Week (NIIW) focuses attention on the importance of early childhood immunizations.

Up to 30% of Manchester's two-year-old children are not adequately immunized. For these children, the risk of serious illness and death from vaccine preventable diseases is increased. Immunization is one of the most effective tools available for the prevention of serious, infectious diseases. By working together we can remind parent that timely immunization is one of the best steps they can take to provide their child with a healthy start in life. The children within our community, are counting on us!



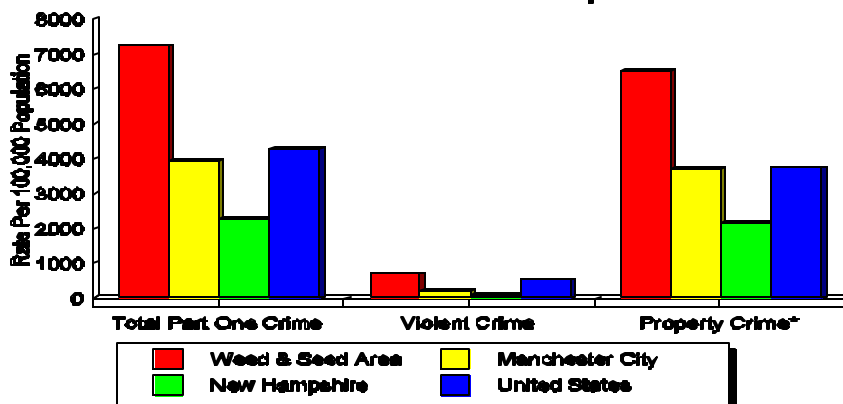
For further information on immunization, please call Sue Gagnon at 624-6466 Extension 335.

THE CITY OF MANCHESTER RECEIVES FEDERAL RECOGNITION

In September of 2001, the City of Manchester was officially recognized as a US Department of Justice "Weed and Seed" community. Weed and Seed is an innovative and comprehensive approach to law enforcement, crime prevention, and community revitalization that builds upon the strengths existing in the community. Weed and Seed is a strategy that focuses community resources toward a designated neighborhood to "weed out" violent crime and drug activity and "seed" hope and community involvement. This approach integrates an array of services operating in an organized, collaborative, connected manner, which are dedicated to enacting a common vision and attaining clearly articulated goals.

Obtaining official recognition requires a multi-agency, multi-sector approach that integrates resident input into the overall strategy. The benefits of receiving the Official Recognition include preference in receiving discretionary resources from participating federal agencies, priority for participating in federally sponsored training and technical assistance and eligibility to apply for Department of Justice Weed and Seed funds. Manches-

1999 Uniform Crime Report - Part One Weed and Seed Area Comparison



50% of Manchester's violent crimes occur in the Weed and Seed targeted neighborhoods.

ter's designated neighborhoods run from Bridge Street to Cilley Road. Belmont Street is the eastern border. Pine Street and South Elm serve as the west border, with an extension to include the Elmwood Housing Development.

Priorities for the Weed and Seed Designated Neighborhood are as follows:

- Expand "Safe Haven" Programming,
- Reduce the use and distribution of illegal drugs,
- Develop a culturally competent community and offer culturally inclusive services,
- Reduce violence and increase street

safety,

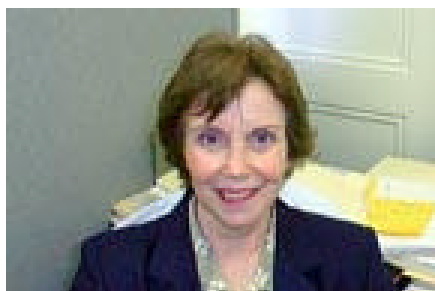
- Develop additional programming and support for older teens,
- Increase childcare availability and youth activities and
- Improve the physical environment, increase civic capital, and create a more positive neighborhood image.

For more information, please contact Joyce Palmer, the Weed and Seed Program Manager, at (603) 483-5342 or by email at joyce-palmer@attbi.com

Anna Noetzel, Public Health Epidemiologist

Employee Spotlight:

Mary Rheault, RN, MSN



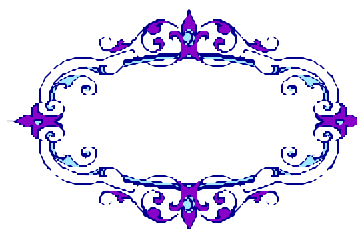
Mary Rheault has been employed by the Manchester Health Department since 1985. Mary joined the Department as a School Nurse and in 1987 made the transition to the Division of Community Health as a Community Health Nurse.

Currently, Mary coordinates TB prevention and control activities centered around high-risk clients. Mary works

with a variety of ethnic groups within the community to promote an awareness of the importance of tuberculin skin testing and treatment of latent TB infection. Mary provides immunizations, communicable disease investigations and a variety of public health activities. Mary received the Manchester Health Department Employee of the Year Award in 1997. In addition, also received a special recognition award for diligence and expertise in communicable disease investigations. When asked what she finds most rewarding about her work in the public health arena, Mary states, "I enjoy my daily contacts with a wide variety of individuals and situations. My work presents many challenges which I feel contribute to an interesting and satisfying work experience in protecting the health of our community. There are

ongoing opportunities to educate the public about health promotion strategies."

A 1958 graduate of the University of Rhode Island, Mary received a Master of Science in Nursing from Boston University in 1963. The mother of seven children, Mary is now the grandmother of nine. In addition to her family activities and career, Mary enjoys cross-country skiing, reading, swimming, traveling and gardening.



Anthrax and Safe Mail Handling

The events of September 11th demonstrated that America is not immune from the actions of terrorists. This fact was reiterated during the months of October and November as we witnessed twenty-two Americans fall ill as a result of exposure to anthrax sent through the mail. These acts of bioterrorism raised concerns as to the safety of the mail and those handling it.

In response to these concerns, representatives from the City's Fire, Police and Health Departments began to assemble and disseminate information on how to identify suspicious mail and what to do in the event you should encounter an unopened piece of suspicious mail or should powder come out of a piece of opened mail. The following is a summary of those recommendations.

Anyone opening mail should be aware of some of the characteristics of suspicious packages and letters. These include the following:

- Excessive postage
- Handwritten or poorly typed addresses
- Incorrect titles
- Title, but no name
- Misspellings of common words
- Oily stains, discoloration or odors
- No return address
- Excessive weight
- Lopsided or uneven envelope
- Excessive tape or string around the edges
- A postmark that does not match the return address

While one of these by itself may not be considered suspicious, several should serve as a warning sign.

In the event you should encounter an unopened piece of mail you believe is suspicious, or should you open a piece of mail and powder spill out, you should do the following:

1. DO NOT PANIC.
2. Gently place the envelope down.

3. Do not try to clean up the powder.
4. Leave the room closing the door or section off the area to prevent others from entering.
5. Wash you hands with **soap and water**.
6. Dial 911.
7. If your clothing became contaminated with powder, remove the clothing and place it in a plastic bag. The bag should be given to the emergency responders for proper handling.
8. Shower with **soap and water** as soon as possible. *Do not use bleach or other disinfectant on you skin.*

If you have any questions regarding anthrax or bioterrorism, please call Tim Soucy at the Health Department at 624-6466 x305.

Tim Soucy, REHS, MPH
Chief of Environmental Health



Manchester Health Department
 795 Elm Street, Suite 302
 Manchester, NH 03101